

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>JA</i>	852	04-17-01
RESPONSE FORMALITY REVIEW	<i>MS</i>	50906	08/27/01

INDEX OF CLAIMS

- | | | | |
|---|---------------------------------|---|--------------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| - | (Through numeral)..... Canceled | A | Appeal |
| + | Restricted | O | Objected |

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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